

" STROKE'2016 - KC Swimming Competition" - Registration Form - INDIVIDUAL Events



Date 16.09.16 to 18.09.16
Venue KC Swimming Pool, Kailasapuram Club



Name of the participant : _____

Date Of Birth : _____ **Sex :** Male Female

Age : _____

Std : _____ (For School Kids)

Contact Number of the Participant: _____

Emergency Alternate Contact Number: _____

Mail Id of the Participant: _____

Occupation of the Participant: _____

(Pls fill name of Organization/college/school also)

(School Students are requested to submit a xerox copy of their School Identity Card)

Known Medical Issues (if any): _____

Event(s) willing to participate (Any 2 EVENTS Only) :

Freestyle BackStroke Breast Stroke Butterfly

Staff Number of the Participant / Parent

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Declaration by Participant:

*I hereby declare that I am fit for the swimming competition.
Also I declare that participation in the event is entirely at my own risk and that by entering,
I acknowledge that KC shall not be liable for Injury, loss or damage arising from my
participation in the event to the extent that is caused by my negligence.*

Signature of the participant

Signature of the Parent (Applicable for School Kids)